## Trusted Agent Security Manager (TASM)/

CPR Trusted Agent (CTA) Registration/Revocation Request	
From: CAC Program management Office, CPR Project Officer  Date:	
To: Deers Security Team DEERS/RAPIDS Operations Division 1555 Wilson Boulevard, Suite 609 Arlington, Virginia 22209-2593	
PRIVACY ACT STATEMENT	
<b>AUTHORITY:</b> 10 U.S.C. 133 and E.O. 9397	
<b>PRINCIPAL PURPOSE(S):</b> Collection of social security numbers and other personal identifiers is used to ensure positive identification of individuals in or to successfully register them as CPR users.	e
<b>ROUTINE USES:</b> In addition to those disclosures generally permitted under 5 U.S.C. 552a(b) of the Privacy Act, these ro information contained therein may specifically be disclosed outside the DoD as a routine use as follows: The "Blanket Routine Uses" set forth at the beginning of OSD's compilation of systems of records notices apply to the system. The Fed and State agencies and private entities, as necessary, on matters relating to securing information during the conduct of offi business, utilization review, professional quality assurance, program integrity, civil and criminal litigation, and access to Fe government facilities, computer systems networks, and controlled areas.	eral cial
<b>DISCLOSURE:</b> Voluntary; however, failure to provide this information will result in failure to register an individual as a user.	CPR
Section I	
Site ID:	
TASM Name:	
Select one: Primary TASM: Alternate TASM: CTA:	
Social Security Number:	
Telephone: DSN:	
Email address:	
Command:	
Address Line 1:	
Address Line 2:	
City: Zip Code:	
Action (select one): Registration: Revocation:	
Approved/requested by: Title/Rank:	
Telephone:         DSN:	
Email address:	
Section II: (To be completed by CPR Project Officer)	
Approved: Date: Tmp No:	
Section III: (To be completed by DEERS Security Team) Approved: Date:	